

ISSUE SUFFICIENT AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | SD | | 09/01/01 |
| O.I.P.E. CLASSIFIER | | | 11/2 |
| FORMALITY REVIEW | 65 | 10 11 | 01/01/01 |
| RESPONSE FORMALITY REVIEW | | | |

09/883665

INDEX OF CLAIMS

✓ _____ Rejected R _____ Non-elected
 - _____ Allowed I _____ Interference
 (Through numbers) - Cancelled A _____ Appeal
 + _____ Restricted O _____ Objected

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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